



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

1H

City of San Diego

Assembly ID	2002525	Facility Name	Webber, Jack	
Customer #	1729767	Meter	90784185	Return Form By:
Service Address	4036 Utah St San Diego CA 92104		Schedule Code	
Assy Location	At Meter	Assembly Info (Replacement/Correction)		
Account #	1729767	<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Protect	SN <input checked="" type="checkbox"/> 111207
Contact Name		Ph (619) 491-0355	Mfr <input checked="" type="checkbox"/> WATTS	Type <input checked="" type="checkbox"/> RP
Rate Code	85	Fax #	Size <input checked="" type="checkbox"/> 1 1/2"	Model <input checked="" type="checkbox"/> 009M2
			Install Date	
			Permit Num	
Protection	Containment	Hazard Type	Haz. Level	High

REQUIREMENTS

- | | | | |
|--|---|--|---|
| 1. Is the device Installed per: | Yes <input type="checkbox"/> No <input type="checkbox"/> | 3. Is there PVC Pipe between Meter and Backflow Preventer? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2. Is there a strainer or Pressure Regulator between Meter and Backflow Preventer? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 4. Is there a Tee between Meter and Backflow Preventer? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
- Line pressure at time of test: **70#**

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves
Initial Test	<input checked="" type="checkbox"/> Held at PSID Apparent 7.8 Actual 7.5	<input type="checkbox"/> Held at PSID <input checked="" type="checkbox"/> Closed Tight	<input checked="" type="checkbox"/> Opened at 4.5 PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet Opened at PSID <input type="checkbox"/> Did not Open <input type="checkbox"/> Check Held at PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> #1 <input type="checkbox"/> #2 Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>
	<input type="checkbox"/> Leaked <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Diaphragm <input type="checkbox"/> Module	<input type="checkbox"/> Leaked <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Module	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> REPAIR <input type="checkbox"/> Other <input type="checkbox"/>

Other/Notes: **INITIAL TEST ON NEW INSTALLATION.**

Final Test	<input type="checkbox"/> Held at PSID Apparent Actual	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at PSID	Air Inlet PSID	CK Valve PSID	Closed Tight <input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Initial Signature	Certificate	Date	Gauge Num	Time In	Time Out	Print Name	Pass / Fail
<i>[Signature]</i>	050545	2/16/06	091374	AM		BARRY B. BUCKS	PASS
Repair Signature							